

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	233	G - 11-CB
TYPIST	MN	330
VERIFIER	WDP	6-16-93
CORPS CORR.		6/16/93
SPEC. HAND		
FILE MAINT.		
DRAFTING		

BEST AVAILABLE COPY

INDEX OF CLAIMS

Claim	Date
Final	Original
1	(01)
2	(02)
3	(03)
4	(04)
5	(05)
6	(06)
7	(07)
8	(08)
9	
10	
11	
12	(2)
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	
39	
40	
41	
42	
43	
44	
45	
46	
47	
48	
49	
50	

Claim	Date
Final	Original
51	
52	
53	
54	
55	
56	
57	
58	
59	
60	
61	
62	
63	
64	
65	
66	
67	
68	
69	
70	
71	
72	
73	
74	
75	
76	
77	
78	
79	
80	
81	
82	(2)
83	
84	
85	
86	
87	
88	
89	
90	
91	
92	
93	
94	
95	
96	
97	
98	
99	
100	

(LEFT INSIDE)